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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Application Number</b>	10/562,564
		<b>Filing Date</b>	December 27, 2005
		<b>First Named Inventor</b>	Seiji Kubo
		<b>Title</b>	Sole With Reinforcement Structure
		<b>Art Unit</b>	3765
		<b>Examiner Name</b>	PRANGE, SHARON M
		<b>Attorney Docket No.</b>	42463-503N01US

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b>	<input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <b>OR</b>								
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	64046								
<table border="1"> <thead> <tr> <th>Practitioner(s) Name</th> <th>Registration Number</th> <th>Practitioner(s) Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number				
Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number						

Please recognize or change the correspondence address for the above-identified application to:

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I am the: <input type="checkbox"/> Applicant/Inventor. <b>OR</b>			
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____			
SIGNATURE of Applicant or Assignee of Record			
Signature	Koichi Hara	Date	Aug 18, 2011
Name	Koichi Hara	Telephone	
Title and Company	Authorized Signer, ASICS CORPORATION		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/>	*Total of 1 forms are submitted.		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 9/1/11 Signature: Kethya Teuk (Kethya Teuk)